

01-07-02

BUSINESS MAIL NO.: EL759623680US

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

PTO/SB/05 (03-01)

12/21/01

Attorney Docket No.:	PF02253NA	Total Pages:	2
First-Named Inventor or Application Identifier	James Earl Mathis		
Title:	CONTACT LIST-BASED GROUP CALL		
Express Mail Label No.:	EL759623680US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>			
2. <input checked="" type="checkbox"/> Specification	Total Pages	14	
3. <input checked="" type="checkbox"/> Drawings	Total Sheets:	3	
4. <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney	Total Pages	3	
a. <input type="checkbox"/> Newly Executed (original or copy)			
b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)			
i. <input type="checkbox"/> <u>Deletion of Inventor(s):</u> Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))			
5. <input type="checkbox"/> Incorporation by Reference (<i>useable if Box 4b is checked</i>)	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
6. <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76			
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission			

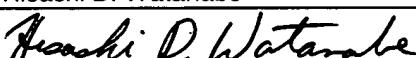
ACCOMPANYING APPLICATION PARTS

8. <input type="checkbox"/> Assignment Papers (<i>cover sheet and document(s)</i>)			
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney		
10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)			
11. <input type="checkbox"/> Information Disclosure Statement (IDS)Form PTO/SB/08	<input type="checkbox"/> Copies of IDS Citations		
12. <input type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>should be specially itemized</i>)			
14. <input type="checkbox"/> Certified Copy of Priority Document(s)			

12/21/01
JC997 U.S. PTOJC542 U.S. PTO
10/036924

12/21/01

15.	<input type="checkbox"/>	Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent			
16.	<input type="checkbox"/>	Other:			
17.	IF A CONTINUING APPLICATION <i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i>				
	<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/> Continuation-in-Part (CIP) Prior Appl. No. _____
Prior Appl. information:		Examiner:		Group/Art Unit:	

CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Label	Customer Number or Bar Code	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Hisashi D. Watanabe Attorney for Applicant(s)				
Reg. No.	37,465				
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CITY	Libertyville	STATE	IL	ZIP CODE	60048
COUNTRY	U.S.A.	TELEPHONE	847-523-2322	FAX	847-523-2350
SUBMITTED BY					
NAME	Hisashi D. Watanabe		Reg. No.	37,465	
SIGNATURE					
DATE	12/21/01		Deposit Account User ID	13-4768	

PTO/SB/17 (11-00)

**FEES
TRANSMITTAL**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT **(\$ 740.00)**

<i>Complete if Known</i>	
Application Number	
Filing Date	12/21/01
First Named Inventor	James Earl Mathis
Examiner Name	
Group Art Unit	
TOTAL AMOUNT OF PAYMENT (\$ 740.00)	Attorney Docket No. PF02253NA

METHOD OF PAYMENT				FEES CALCULATION (continued)																																																																																																																																																																																																																																																					
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 13-4768</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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